


# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTESHIP**


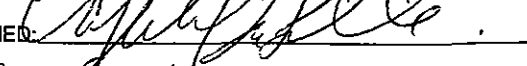
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER <b>515-388</b>	2. PERIOD COVERED MO DAY YEAR From <b>01 01 2001</b> Through <b>12 31 2001</b>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	<b>IMPORTANT</b>  <b>Peel off the address label from the back of the package and place it here.</b>  If the label information is correct, leave Items 4 through 8 blank.  If any of the label information is incorrect, complete Items 4 through 8.		
4. AFFILIATION OR ORGANIZATION NAME <b>PRODUCTION SERVICE AND SALES DISTRICT COUNCIL</b>		8. MAILING ADDRESS (Type or print in capital letters.) First Name <b>ROBERT</b> Last Name <b>RAO</b> P.O. Box • Building and Room Number (if any)  Number and Street <b>9201 4TH AVENUE</b> City <b>BROOKLYN</b> State <b>NY</b> ZIP Code + 4 <b>11209 -</b>	
5. DESIGNATION (Local, Lodge, etc.) <b>INTERNATIONAL</b>	6. DESIGNATION NUMBER		
7. UNIT NAME (if any) <b>UFCW AFL-CIO</b>			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	Description
11	PRODUCTION SERVICE AND SALES DISTRICT COUNCIL HEALTH FD #11-1889115
11	PRODUCTION SERVICE AND SALES DISTRICT COUNCIL PENSION FD #11-2006994
14	ABE STEINBERG CPA 50 MERRICK RD. ROCKVILLE CENTRE N.Y. 11570
16	ROBERT J. RAO - SECY. TREAS. - LOCAL 517-S PSSDC UFCW AFL-CIO
16	MICHAEL LA SALLE - SECY. TREAS. LOCAL 815-S PSSDC UFCW AFL-CIO
24	WITHDRAWAL LIABILITY UNDER ERISA - \$210,896 - QUARTERLY PAYMENTS - \$424 (PENSION LIABILITY)

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See Section VI on penalties in the instructions.)

76. SIGNED:  <b>ROBERT J. RAO</b> Date _____ Telephone Number _____ PRESIDENT (If other title, see instructions.)	77. SIGNED:  <b>MICHAEL LA SALLE</b> Date <b>3 15 102</b> Telephone Number _____ SECY. TREASURER (If other title, see instructions.)
--	---

*During the Reporting Period Did Your Organization:*

- |  | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  |     | X  |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              | X   |    |
| 12. Have a political action committee (PAC) fund? .....  |     | X  |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  |     | X  |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  | X   |    |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  |     | X  |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... | X   |    |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  |     | X  |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 7971

19. What is the date of your organization's next regular election of officers? MO 10 YEAR 2005

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 310 000

21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 8-14 <sup>00</sup> per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 25
(c) Transfer Fees	\$ -
(d) Work Permits	\$ - per (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes No  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) X

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... X

24. Did your organization have any contingent liabilities at the end of the reporting period? ..... X

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 515-388

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
	25. Cash .....		192764	100476
	26. Accounts Receivable .....		0	
	27. Loans Receivable .....	1	10000	
	28. U.S. Treasury Securities .....		0	
	29. Investments .....	2	0	
	30. Fixed Assets .....	5	16917	14552
	31. Other Assets .....	3	2440	2440
	32. TOTAL ASSETS .....		222121	117468
LIABILITIES	LIABILITIES	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (C)	Period (D)
	33. Accounts Payable .....		0	0
	34. Loans Payable .....	8	0	0
	35. Mortgages Payable .....		0	0
	36. Other Liabilities .....	4	92	650
	37. TOTAL LIABILITIES .....		92	650
38. NET ASSETS (Item 32 less Item 37) .....		222029	116818	

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 515-388

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues .....			56. To Officers .....	9	352 860
40. Per Capita Tax .....		941 224	57. To Employees .....	10	91 431
41. Fees .....			58. Per Capita Tax .....		216 818
42. Fines .....			59. Fees, Fines, Assessments, etc. ....		
43. Assessments .....			60. Office & Administrative Expense ....	13	111 296
44. Work Permits .....			61. Educational & Publicity Expense ...		
45. Sale of Supplies .....			62. Professional Fees .....		87 197
46. Interest .....		2396	63. Benefits .....	11	104 626
47. Dividends .....			64. Contributions, Gifts & Grants .....	12	
48. Rents .....			65. Supplies for Resale .....		
49. Sale of Investments & Fixed Assets .....	6	49 280	66. Direct Taxes .....		39 039
50. Loans Obtained .....	8		67. Withholding Taxes .....		226 041
51. Repayments of Loans Made .....	1	10 000	68. Purchase of Investments & Fixed Assets .....	7	49 280
52. On Behalf of Affiliates for Transmittal to Them .....		29 082	69. Loans Made .....	1	
53. From Members for Disbursement on Their Behalf .....			70. Repayment of Loans Obtained .....	8	
54. Other Receipts .....	14	269 967	71. To Affiliates of Funds Collected on Their Behalf .....		26 448
			72. On Behalf of Individual Members ...		
			73. Other Disbursements .....	15	89 201
55. TOTAL RECEIPTS .....		1301 949	74. TOTAL DISBURSEMENTS .....		1394 237

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: ✓ 15-388

**Enter Amounts in Dollars Only — Do Not Enter Cents**

## SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: <u>LOCAL 222-S</u> Purpose: <u>WORKING CAPITAL</u> Security: _____ Terms of Repayment: <u>ON DEMAND</u>	10,000	0	10,000	0	0
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	10,000	0	10,000	0	0
Enter the Totals from Line 6 in ..... <div style="display: inline-block; text-align: center;">             ↑ Item 27 Column (A)           </div> ..... <div style="display: inline-block; text-align: center;">             ↑ Item 69           </div> ..... <div style="display: inline-block; text-align: center;">             ↑ Item 51           </div> ..... <div style="display: inline-block; text-align: center;">             ↑ Item 75 with Explanation           </div> ..... <div style="display: inline-block; text-align: center;">             ↑ Item 27 Column (B)           </div>					

# **SCHEDULE 2 — INVESTMENTS** **(OTHER THAN U.S. TREASURY SECURITIES)**

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in ..... Item 29, Column (B)	

FILE NUMBER: 515-388

# **SCHEDULE 3 — OTHER ASSETS**

Description (A)	Book Value (B)
1. DEPOSITS AS SECURITY	2440
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2440
Enter the Total from Line 7 in ..... Item 31, Column (B)	

# **SCHEDULE 4 — OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1. EXCH PAYABLE - UFCW	636
2. PAYROLL TAXES	14
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	650
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 515-388

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	23637	9085	14552	14552
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	23637	9085	14552	14552
Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)				

# SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. U.S. TREASURY NOTE REDEEMED	49280	49280	49280	49280
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	49280
Enter the Total from Line 8 in ..... Item 49				

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 515-388

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. U.S. Treasury Note	49280	49280	49280
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		49280
Enter the Total from Line 8 in ..... <span style="float: right;">↑ Item 68</span>			

# SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in ..... <span style="float: right;">↑ Item 34</span>					
	Column (C)	Item 50	Item 70	Item 75 with Explanation	Item 34 Column (D)



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 515-388

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*					
1. Last Name: RAO First Name: ROBERT Title: PRESIDENT Status: C		249 307	0	13 984	0	263 291
2. Last Name: LA SALLE First Name: MICHAEL Title: SECY TREASURER Status: C		188 848	0	8 981	0	197 829
3. Last Name: BRISCOE First Name: KENNETH Title: RECORDING SECY Status: C		77 160	0	7 98	0	77 958
4. Last Name: DE SIMONE First Name: JOSEPH Title: V PRES AT LARGE Status: N		0	0	0	0	0
5. Last Name: RIVERA First Name: EDWARD Title: VICE PRESIDENT Status: C		0	0	0	0	0
6. Last Name: DOMINI First Name: WILLIAM Title: VICE PRESIDENT Status: C		0	0	0	0	0
7. Last Name: ROBINSON First Name: JAMES Title: VICE PRESIDENT Status: C		0	0	0	0	0
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8		51535		23763		539078
				10. Less Deductions 186 218		
Enter the Total from Line 11 in ..... Item 56 ➡				11. Net Disbursements 352 860		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 515-388

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
1. BORRIELLO Position OFFICE Name of Affiliated Organization	JACQUEL	35638	0	0	0	35638
2. DE GATTI Position OFFICE Name of Affiliated Organization	ERICA	29327	0	0	0	29327
3. KOPPMANN Position OFFICE Name of Affiliated Organization	GEORGE	43960	0	0	0	43960
4. Position Name of Affiliated Organization						
5. Position Name of Affiliated Organization						
6. Totals from additional pages <small>(if any)</small>						
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates		22327	0	0	0	22327
8. Totals of Lines 1 through 7		131257	0	0	0	131257
				9. Less Deductions		39821
Enter the Total from Line 10 in ..... Item 57 ⇨				10. Net Disbursements		91436

# **SCHEDULE 11 — BENEFITS**

FILE NUMBER: 515-388

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION FUND CONTRIBUTIONS	PSSDC PENSION FUND	35525
2. MEDICAL INSURANCE	Blue X - BLUE SHIELD	49149
3. GROUP LIFE INSURANCE	N. AMERICAN BENEFIT	1261
4. PRESCRIPTION DRUG PLAN	GENERAL PRESCRIPTION PROG	18691
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		104626
Enter the Total from Line 6		Item 63


# **SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	
Enter the Total from Line 8 in	
Item 64	


# **SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. RENTS	74389
2. TELEPHONE	8445
3. STAFF, COPIER, POSTAGE, COMPTON	15772
4. TOWELS, COFFEE SVCE	5063
5. TOLLS PARKING	6777
6. REPAIRS	850
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	111296
Enter the Total from Line 8 in	
Item 60	

# **SCHEDULE 14 — OTHER RECEIPTS**

Description (A)	Amount (B)
1. DBL-REIMBURSEMENT	1802
2. REIMBURSED BY AFFILIATES	264199
3. BK CHARGES REIMBURSED	237
4. DBL INSURANCE REFUND	207
5. Blue X REFUND	630
6. N.Y.S. UN-INS REFUND	1938
7. COMPENS. INS. REFUND	333
8. GROUP LIFE INS REFUND	199
9. AUTO EXPENSE REFUND	27
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	269967
Enter the Total from Line 17 in .....  Item 54	

# **SCHEDULE 15 — OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. ORGANIZING MEETINGS	37577
2. SVCS RENDERED STEWARDS	25302
3. INSURANCE EXPENSE	9379
4. CHRISTMAS EXPENSE	11277
5. FLOWERS, CONDOLENCES	1402
6. BANK CHARGES	92
7. WITHDRAWAL LAB- EXCISE TAX	4177
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	89201
Enter the Total from Line 17 in .....  Item 73	

ORGANIZATION NAME: PRODUCTION SVCE + SALES DISTRICT COUNCIL

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2001

FILE NUMBER: 515-388

PAGE 2 OF 2 ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name: <u>LA SALLE</u> First Name: <u>ROBERT</u>		0	0	0	0	0
Title: <u>VICE PRESIDENT</u> Status: <u>N</u>						
Last Name: <u>BARTOLOTTA</u> First Name: <u>JOHN</u>		0	0	0	0	0
Title: <u>VICE PRESIDENT</u> Status: <u>C</u>						
Last Name: <u>RIVERA</u> First Name: <u>NELSON</u>		0	0	0	0	0
Title: <u>VICE PRESIDENT</u> Status: <u>N</u>						
Last Name: <u>VERA</u> First Name: <u>FRED</u>		0	0	0	0	0
Title: <u>VICE PRESIDENT</u> Status: <u>N</u>						
Last Name: <u>FAUCELLA</u> First Name: <u>PETER</u>		0	0	0	0	0
Title: <u>VICE PRESIDENT</u> Status: <u>C</u>						
Last Name: <u>LOVELL</u> First Name: <u>JOSEPH</u>		0	0	0	0	0
Title: <u>VICE PRESIDENT</u> Status: <u>P</u>						
Last Name: <u>LOIAFANO</u> First Name: <u>SALVAT</u>		0	0	0	0	0
Title: <u>VICE PRESIDENT</u> Status: <u>P</u>						
Last Name: _____ First Name: _____						
Title: _____ Status: _____						
Totals						

ORGANIZATION NAME: **PRODUCTION SERVICE + SALES DISTRICT COUNCIL**

ENDING DATE OF PERIOD COVERED: **DECEMBER 31, 2001**

FILE NUMBER: **515-388**

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Totals						